

Healthwatch Wakefield Trustee Board Meeting Minutes

Minutes of the Board Meeting held on 30 September 2025, 10.00 am to 12.00 pm

The Plex, 15 Margaret Street, Wakefield, WFI 2DQ

Present

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| Trustees | Roger Grasby (RG) Chair Rachel Hanna (RH _a) Richard Harwood (RH) Melvyn Ingleson (MI) Andrew Kent (AK) Iain Wilkinson (IW) |
| In Attendance | Lewis Smith-Connell (LSC) Chief Executive Officer Safeen Rehman (SR) Volunteer Officer |
| Apologies | Berni O'Brien (BOB) (Trustee) Mary Roche (MR) (Trustee) Suzy Jubb (SJ) Operations and Impact Manager |

81/25 Welcome, Introduction and Declarations of Interest

RG welcomed everyone to the meeting. He pointed out that future meetings would switch to being held on a bi-monthly basis.

He introduced a Temporary Administrator who was taking minutes, and acting as a temporary replacement for a member of staff who had left the service.

The Chair asked for any declarations of interest, and none were declared.

He also noted that Suzy Jubb, Operations and Impact Manager, was currently on sickness absence following a hip replacement operation. He was pleased to report that she was recuperating well, and flowers had been sent to her on behalf of the Trustees.

82/25 Staff Showcase - Volunteering

SR gave a short overview of the Volunteer programme, followed by questions from attendees. She explained that she had been working on the Volunteer Strategy for Healthwatch Wakefield, and there was an online consultation planned for October.

She noted that the service was looking at more opportunities for volunteers to get involved. She made the distinction between volunteers, who undertook regular voluntary work for the service, and

“contributors”, who took part more occasionally, perhaps once a year. Contributors do not require the same onboarding processes as volunteers do.

SR was planning to consult with all existing volunteers to ask if they wanted to continue their support. She would then plan out what the service could do, once the exact number of volunteers had been ascertained.

She explained that a lot was changing in the voluntary platforms that the service was using. She noted that Nova used to have a site to advertise for voluntary opportunities, but that was discontinued this month. However, the Royal Voluntary Service still allow the service to put our opportunities on their website, and they will do their own recruitment process and DBS check on all applicants for us. Citizens Advice and Age UK were not signed up to this yet. An NHS Volunteers Platform was also launched last week, and consideration was being given as to whether our service should sign up to this.

SR noted that the ‘Citizen’s Coin’ initiative was being offered to volunteers and that it had proved to be an attractive incentive for them. It had been launched 18 months ago in Wakefield and there were already 1,800 active citizens signed up, along with 116 retailers where volunteers could redeem their coins. The service was not charged a fee for using Citizen Coin. RHa asked if this was also offered to research participants and SR advised that it was – any participant helping Healthwatch Wakefield in any way would receive 1 coin for every hour of support given. SR added that we also pay expenses to our volunteers.

SR noted that, on some platforms, applicants can browse through other options, offering them a pathway to other opportunities for volunteering. RG asked if this made it harder or easier to recruit if there was more competition. SR said that the service was fortunate in this respect and had never struggled to recruit people.

Over the next three months, three visit days had been planned, one to Pinderfields Hospital Orthopaedic Unit, one to Dewsbury Hospital, and one to Fieldhead Hospital. SR felt that the volunteers were “our eyes and ears” on such visits, providing useful feedback.

SR was currently auditing volunteers’ expertise and skills, with a view to where these skills sets could best be utilised. She said that she would be proactive in suggesting suitable roles to people with particular talents.

RHa asked if it would be helpful for trustees to be signed up the volunteers’ mailing lists. RG recalled that James had been on the volunteer list for patient safety walkabouts.

It was also noted that Nova had just received funding from Wakefield Council to look at whether our volunteers group constituted a representative sample of the local community. SR noted that 60% of organisations said that their boards were not fully reflective of the communities they served. Nova will give organisations support with policies and procedures, and there will also be Equality, Diversity and Inclusion workshops run by Penny Wilson to equip organisations to become more diverse. For anyone interested, meetings will be on 26 October 2025 (at St George’s) and 27 November 2025 (online).

The Board expressed its thanks to SR for her presentation and for her continuing efforts in this valuable area of the service’s work.

ACTION: SR to sign trustees up to the volunteers’ mailing lists.

ACTION: SR to check on details provided by RHa in the past and provide an update on this.

83/25 Governance

(i) Minutes of the Trustee Board Meeting held on 26 August 2025 / Matters Arising

The minutes of 26 August 2025 were approved as a correct record.

(ii) Action Log

LSC went through the Action Log.

12/25: He first considered the review of options for Safeguarding Training for Board Members. Some frequently asked questions would be considered next month. He asked any board members with specific concerns or interests to contact him.

28/25: LSC noted that the Finance Sub Group meetings would take place on 28 October, 19 November and 10 December 2025, all at 1600 hours, and that he would email information out shortly. RG added that IW has extended an invitation to trustees to maintain assurance in between board meetings as they move to every other month.

29/25: With regard to board skills gaps, RG and LSC were set to discuss this and report back to the next two Board meetings.

31/25: LSC noted that commissioners confirmed that staff and volunteer surveys were a part of the contract and expected. They had also asked to see the questions planned for the Staff and Volunteer Wellbeing Survey for this year. He felt that it was important to find the right time to release the surveys and ensure that any questions add value to the process. He also reiterated the importance of volunteer recognition.

32/25: LSC explained that discussions had taken place about the format of the Neighbourhood Health People's Voices Project, with two options put forward. The first was a relatively large system level core and the second was to use a coordination organisation – for Wakefield, this could be Healthwatch Wakefield and Nova. LSC felt that the convenors preferred the first option, but Wakefield representatives preferred the second. LSC had met with the leaders of the Wakefield Neighbourhood Health model, and he felt that there were "strong synergies" for Healthwatch to be part of that. It was also important that people felt confident about what happened with their data. There was still much scoping work to do, and LSC had been encouraged not start the People's Voice project until this was done. Wakefield, Leeds and Bradford were frontrunners in the development of Neighbourhood Health as they are now part of the National Neighbourhood Health Implementation Programme (NNHIP).

ACTION: Board members to raise particular safeguarding concerns or interests with LSC.

ACTION: LSC to email Finance Sub Group information to Board members.

ACTION: RG and LSC to discuss Board Skills Gaps and report back to next two Board meetings.

(iii) Board Workplan

RG reminded attendees that he had proposed Board dates for next year, with meetings held every other month. Each meeting would be on the last Tuesday of the month, apart from the November meeting. He was however open to changes, and asked members to communicate these requests to LSC within one week of this meeting.

ACTION: RG asked Board members to inform LSC within 1 week of any requested changes to the calendar (members did not have to do anything if they were happy with the timetable).

(iv) AGM Outline

RG noted that this was the first draft of what was to be covered, including elections and reappointment of trustees.

RHa asked about the rationale for selecting venues and it was noted that the venues were often selected after scoping out several options and were chosen because they were cheap to hire, had onsite car parks and large rooms.

LSC suggested that the draft agenda would include:

- Chair introduction and welcome
- Volunteer showcase
- CDC Diagnostic Centre
- Pictures or Video Walls of particular projects
- Stakeholder Showcase (e.g., Mental Health Alliance)
- Project Showcase (e.g., ADHD)
- Annual Report
- Auditor's Accounts (IW and the Independent Auditor will be present) [RG and IW suggested that the Independent Auditor should attend a Board meeting, not at the AGM.]
- Trustee Retirements and Reappointments, on a rotating basis
- Question and Answer Session

LSC also advised that, outside of the agenda, the AGM would feature stalls featuring, for example, trans services, advocacy (with anonymised case studies) and Quarterly Impact Reports.

84/25 Executive Reports

(i) Chief Officer Update

LSC noted that this had been "a month of change", with a temporary worker joining the team and Suzy starting her leave.

He had met with the CEO of Cloverleaf Advocacy, who it seemed also knew nothing more about the future of NHS Complaints Advocacy. Each had agreed to keep in touch and monitor developments.

KPI Planning had started, and LSC had addressed some of the issues in the past. LSC felt that some of the existing KPI reporting lines did not make sense and he would try to rationalise these.

LSC had presented a paper on Wakefield Place Patient Voice to a Health and CP Committee meeting. The committee meeting also agreed to make permanent the closure of the standalone midwife led maternity suite at Pontefract. However, Pontefract will retain a viable healthcare antenatal and postnatal checks team. The consultation has been signed off by NHS England.

LSC explained that the Local Maternity and Neonatal System (LMNS) had presented two proposals for the future of all MNVP roles. One option would be that all MNVPs moved to a standalone CIC, the other

is that they move into the LMNS. LSC had discussed this matter with colleagues in Calderdale and Kirklees earlier this morning, and has spoken to regional leaders to understand learning from systems where this transition had taken place.

Regarding the core Healthwatch and NHS Complaints Advocacy contract, RG explained that he had raised two major points: the length of contract (now for three years); and payments. He wanted monthly payment of accounts and a clawback position on a month-by-month basis. RG said that he believed that we were in a position to sign the contract. He would recommend it to trustees and then it could be sent to Wakefield One the same day.

RG noted that one of the stipulations of the contract was that the service needed a Caldicott Guardian. LSC had been discussing this with the commissioners and we are awaiting a response on this matter.

RG noted good news of an uplift of 1.7% on year one, with the likelihood of no uplift on years two and three. LSC said that this would not go down, but it was not on all council commissioned contracts as it was discretionary.

MI asked about the notice period and RG advised it would be 3 months.

DECISION: Trustees authorised the signature of the Contract for 2025-28.

(ii) Risk Management Updated Approach

LSC referred to statutory reporting, and noted that there had been one safeguarding issue with one staff member, but the risk to adults or children was very minimal. He would continue to review procedures. RG felt that an appeal might be possible, and suggested that 1 or 2 trustees should carry out a desk review about what happened and any learning points.

AK sought confirmation about whether systems were sufficiently robust, and RHa asked if we would need to recruit. RG answered yes, but explained that he could not go into much detail at present.

LSC said that there had been no Health and Safety incidents. He referred however to a cybersecurity issue where his email had been hacked. He had received strong support from our cybersecurity team and insurers and had notified our partners. It had been a sophisticated attack. It was noted that it would be helpful to receive information on future attacks of this nature by a different communications channel (e.g., text message) to that channel which had been attacked.

DECISION: The information and suggestions on cybersecurity were noted.

(iii) Risk Register

In terms of the Risk Management Policy, LSC and IW had looked at this, and follow-up action is needed to change how we score risk. Before we adjusted the raw score by estimating a percentage reduction based on mitigation actions. The new model is more commonly used in risk management and instead creates a new score based on the state of the organisation with the mitigations in place. This was more robust and may result in a slightly higher or lower score than with the old model., but to ensure transparency the two models will be used for the remainder of the calendar year so trustees can be assured that the new approach is not distorting risk scores unduly.

DECISION: Trustees agreed to drop the impact score on Risk 8 from 4 to 3 following discussion.

DECISION: Trustees agreed to accept the new model and noted the Risk Register.

(iv) Mobilisation, Demobilisation and Making the Most of 12 Months Plan

LSC referred to the demobilisation of the old contract. He had reached out to Young Lives and all was going according to plan, with an approach in place on how we work together in future. Mobilisation was coming to an end as we approach day one of the new contract, which will transfer into implementation and LSC had no concerns on either stage, as there was very little that the service had to do to be ready, having been the incumbent. LSC then presented the Research and Engagement Work Plan, which was a result of the Decision Making process. There would be a team meeting to discuss this in further detail, starting to formulate the Theory of Change, and LSC would share this with the Board.

There was also a discussion about digital exclusion.

RG asked for any questions or comments, and asked trustees to let LSC know if they were able to contribute to work streams over the next three months.

ACTION: LSC to share team meeting findings with the Board.

ACTION: Board members to advise LSC if they wish to contribute to work streams.

85/25 Statement of Accounts 2024/25

IW outlined who the Statement was intended for, and said that the accounts were now in a suitable state to be approved. Discussions were held about changes in the levels of restricted and unrestricted funds. A copy of the Statement would be sent to all members, who could raise questions with IW.

DECISION: Trustees agreed to approve the Statement of Accounts for 2024-25 and refer it to members.

86/25 Finance

(i) Finance Update

IW updated the Board on the financial position, noting that there was a healthy reserve in the bank. There were no unusual transactions.

(ii) Notes from the Finance Sub Group 19 August 2025

The notes included the Terms of Reference for the Group, the current Chair is the Treasurer, they will continue to meet monthly and keep minutes.

DECISION: The notes were approved.

87/25 Any Other Business

None

End of Public Section of the Board Meeting

Next Meeting: 25 November 2025 at 2.00 pm